

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PATIENT TRANSFER DEVICE, the specification of which was filed on November 5, 1997 under serial number 08/964,999.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

PRIORITY CLAIMED

(Number)	(Country)	(Day/Month/Year)	Yes	No
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And I hereby appoint Thomas A. O' Rourke Reg. No. 27665 of the firm of Wyatt, Gerber, Meller and O'Rourke, whose address is 99 Park Avenue 6th Floor, New York, N.Y. 10016 U.S.A (212) 681-0800 as my attorney, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Citizenship: CANADA

29 Blaketon Road,  
Etobicoke, Ontario CANADA  
M9B 4W4

Post Office Address:  
(same as above)

Inventor's signature:

Citizenship:

Residence:

Post Office Address:

Citizenship: Canadian

77 Shrewsbury Square  
Scarborough, Ontario CANADA  
M1T 1L4

Post Office Address:  
(same as above)

Inventor's signature:

Citizenship:

Residence:

Post Office Address:

\* Applicant or Patentee: FERNIE ET AL  
Serial or Patent No.: 08/964,999  
Filed or Issued: November 5, 1997  
For: PATIENT TRANSFER DEVICE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(b))  
INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled: PATIENT TRANSFER DEVICE described in the specification filed on November 5, 1997 under serial number 08/964,999.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contactor law to assign, grant, convey or license any rights in the invention is listed below:

C.S.I.A. RESEARCH FOUNDATION  
c/o Sunnybrook Health Science Centre  
2075 Bayview Avenue, Toronto, Ontario CANADA M4N 3M5

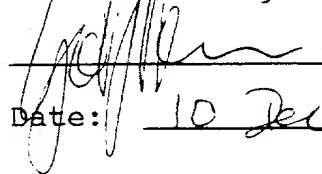
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent to which this verified statement is directed.

Full name of sole or first  
Inventor:

GEOFFREY ROY FERNIE

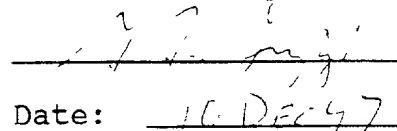
Inventor's signature:

  
Date: 10 Dec 1997

Full name of second joint  
inventor, if any:

GERALD T. GRIGGS

Inventor's signature:

  
Date: 10 DEC 97

09986050 102201

Applicant or Patentee: FERNIE ET AL  
Serial or Patent No.: 08/964,999  
Filed or Issued: November 5, 1997  
For: PATIENT TRANSFER DEVICE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(d))- NON PROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION:

C.S.I.A. RESEARCH FOUNDATION, a Corporation incorporated under the laws of Canada,

ADDRESS OF ORGANIZATION:

c/o Sunnybrook Health Science Centre  
2075 Bayview Avenue, Toronto, Ontario CANADA M4N 3M5

TYPE OF ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501 (a) AND 501 (c) 3)  
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
NAME OF STATE \_\_\_\_\_  
CITATION OF STATUTE \_\_\_\_\_  
☒ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501 (a) AND 501(c) 3) IF LOCATED IN THE UNITED STATES OF AMERICA  
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
NAME OF STATE \_\_\_\_\_  
CITATION OF STATUTE \_\_\_\_\_

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9 e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35 of United States Code with regard to the invention entitled PATIENT TRANSFER DEVICE by inventors(s) Geoffrey Roy Fernie and Gerald T. Griggs described in

- ☐ the specification filed herewith  
☒ application serial no. 08/964,999  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventors, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a non profit organization under 37 CFR 1.9(e).

\*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
☐ Individual ☐ Small Business Concern  
☐ Non Profit Organization

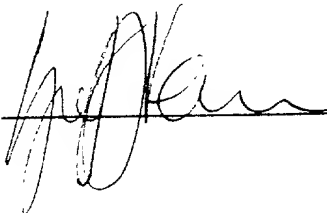
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
☐ Individual. ☐ Small Business Concern  
☐ Non Profit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Dr. Geoffrey Fernie  
TITLE IN ORGANIZATION: \_\_\_\_\_  
ADDRESS OF PERSON SIGNING: Sunnybrook Health Science Centre  
2075 Bayview Avenue,  
Toronto, Ontario CANADA M4N 3M5

SIGNATURE



DATE

10 Dec 1997

102201-05093550

Applicant or Patentee: FERNIE ET AL  
Serial or Patent No.: 08/964,999  
Filed or Issued: November 5, 1997  
For: PATIENT TRANSFER DEVICE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(d))- NON PROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION:

SUNNYBROOK AND WOMEN'S COLLEGE HEALTH SCIENCES CENTRE  
a public hospital Corporation organized under the laws of the province of Ontario:

ADDRESS OF ORGANIZATION:

2075 Bayview Avenue, Toronto, Ontario CANADA M4N 3M5

TYPE OF ORGANIZATION:

☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501 (a) AND 501 (c) 3)  
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
NAME OF STATE \_\_\_\_\_  
CITATION OF STATUTE \_\_\_\_\_  
☒ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501 (a) AND 501(c) 3) IF LOCATED IN THE UNITED STATES OF AMERICA  
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
NAME OF STATE \_\_\_\_\_  
CITATION OF STATUTE \_\_\_\_\_

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9 e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35 of United States Code with regard to the invention entitled PATIENT TRANSFER DEVICE by inventors(s) Geoffrey Roy Fernie and Gerald T. Griggs described in

☐ the specification filed herewith  
☒ application serial no. 08/964,999, filed November 5, 1997;  
☐ patent no. \_\_\_\_\_, issued

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I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventors, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a non profit organization under 37 CFR 1.9(e).

Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

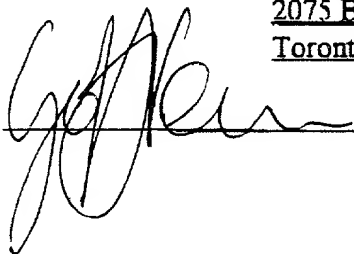
☐ Individual ☐ Small Business Concern ☐ Non Profit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

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NAME OF PERSON SIGNING: G. R. FERNIE  
TITLE IN ORGANIZATION: DIRECTOR, RESEARCH IN AGING  
ADDRESS OF PERSON SIGNING: SUNNYBROOK AND WOMEN'S COLLEGE  
HEALTH SCIENCES CENTRE  
2075 Bayview Avenue,  
Toronto, Ontario CANADA M4N 3M5

SIGNATURE



DATE

3 NOV '98

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